

Form 4. LIST OF CREDITOR HOLDING 20 LARGEST UNSECURED CLAIMS

UNITED STATES BANKRUPTCY COURT

CENTRAL DISTRICT OF CALIFORNIA

In re HEALTH SOURCE MEDICAL GROUP, INC.,
Debtor

Case No. _____

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is a list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with FED. R. Bankr. P. 1007(d) for the filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101(30), or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of Claim (trade debt, bank loan, government, contact, etc.)	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM (if secured also state of value of security)
ACCOUNT NO. General Anesthesia Spec. P O Box 51441 Los Angeles, CA 90051-5741	Phone: FX: (310) 477-2465	Medical Services Contract				606,662.29
Account No. Cedars-Sinai Med Center/Phys. Billing Svc. P.O. Box 512717 Los Angeles, CA 90051-0717	PH: 800-303-3044 FX: 818-879-8272 Attn: Sheryl Wilson	Medical Services Contract				356,165.89
ACCOUNT NO. Cedars-Sinai Medical Center P O Box 48954 Los Angeles, 90048	PH: (310) 855-4171 FX: (323) 866-8685 Attn: Melissa Robisaille	Medical Services Contract				270,007.94
ACCOUNT NO. Pharmplus Resources 15017-A Califa St. Van Nuys, CA 91411	PH: 818-908-2100 FX: 818-908-2109 Attn: Shelly Miller	Pharmaceutical Services Contract				234,763.39

Debtor

(if known)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of Claim (trade debt, bank loan, government, contract, etc.)	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM (if secured also state of value of security)
ACCOUNT NO. California Hematology 6801 Park Terrace #130 Los Angeles, CA 90046	PH: 310-649-7222 FX: 310-649-7230 Attn: Vivi Tokatlian	Medical Services Contract				185,820.46
ACCOUNT NO. Nova Factor Inc. P.O. Box 1000 Dept. 97 Memphis, TN 38148-0097	PH: 901-381-7400 FX: 901-385-3781 Attn: Wayne Bledsle	Trade Vendor				113,220.00
Account No. Total Renal Care, Inc. 8762 W. Pico Blvd. Los Angeles, CA 90035	PH: 310-205-7924 (CA) 206-272-1916 (WA) FX: 310-276-4076 714-836-0711 Attn: Claudia Respecio	Medical Services Contract				109,525.15
ACCOUNT NO. Unilab 18408 Oxnard St. Tarzana, CA 91356	PH: 800-339-4299 FX: 818-343-1282 Attn: Carmen Perez	Trade Vendor				81,872.41
ACCOUNT NO. CVHS Hospital Corp. P.O. Box 31001-0516 Pasadena, CA 91110-0516	PH: 310-673-4660 FX: 310-68-3691 Attn: Judith Maloof	Medical Services Contract				66,918.54
ACCOUNT NO. Cedars Sinai Imaging Medical Group P.O. Box 4313 Woodland Hills, CA 91365	PH: 310-423-8000 818-880-9729 FX: 310-423-0695	Medical Services Contract				59,173.07

Debtor

(if known)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of Claim (trade debt, bank loan, government, contract, etc.)	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM (if secured also state of value of security)
ACCOUNT NO. Aventis Pasteur P.O. Box 60244 Charlotte, NC 28260-0244	PH: 800-822-2463 FX: 800-295-7808 Attn: Alex Grum	Trade Vendor				52,623.42
ACCOUNT NO. City of Hope Oncology Network 1500 E. Duarte Rd. Duarte, CA 91010	PH: 626-359-8111 FX: 626-301-8214 Attn: Anne McCune	Medical Services Contract				38,369.42
ACCOUNT NO. Valley Neonamed Associates P.O. Box 2626 Sepulveda, CA 91393	PH: 626-962-4011 FX: 626-814-2513 Attn: Jean Gish	Trade Vendor				28,544.03
ACCOUNT NO. Keith Klein, MD 8920 Wilshire Blvd., Suite 520 Beverly Hills, CA 90211	PH: 310-657-9841 FX: 310-657-9893 Attn: Shebi Shidet	Medical Services Contract				27,696.48
ACCOUNT NO. Vanessa Tatum, MD P.O. Box 3889 Seal Beach, CA 90740-7889	PH: 310-674-9372 FX: 310-674-4680 Attn: Daisy Kane	Medical Services Contract				27,307.31
ACCOUNT NO. Freeman Emer. Phys. Med. Group 444 E. Huntington Dr. Suite 300 Arcadia, CA 91066-3778	PH: 626-821-5710	Emergency Services Contract				26,763.23

Debtor (if known)
LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
 (Continuation Sheet)

Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of Claim (trade debt, bank loan, government, contact, etc.)	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM (if secured also state of value of security)
ACCOUNT NO. Avrom Gart, MD 512 Main Street, #1 El Segundo, CA 90245-3003	PH: 310-322-4278 FX: 310-322-6660 Attn: Melanie McCracken	Medical Services Contract				26,520.45
ACCOUNT NO. Emergency Phys. Svcs. Med. Assoc. P.O. Box 661297 Arcadia, CA 91066-1297	PH: 626-821-5739 FX: 626-447-6036 Attn: Judy E	Medical Services Contract				25,602.17
ACCOUNT NO. Plaza-Towers Obstetrics & Gynecology 8361 W. 3 rd St., #240E Los Angeles, CA 90048	PH: 310-854-3400 FX: 310-854-5732 Attn: Valerie Brukseh	Medical Services Contract				24,556.12
ACCOUNT NO. Tower-Infectious Diseases Med. Assoc. Inc. 8631 W. 3 rd St., #1015-E Los Angeles, CA 90048	PH: 310-358-2300 FX: 310-358-8961 Attn: Casey Stengel	Medical Services Contract				24,237.10

**Form 2. DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

UNITED STATES BANKRUPTCY COURT

Central DISTRICT OF California

In re HEALTH SOURCE MEDICAL GROUP, INC.
Debtor

Case No. _____

Chapter 11

I, David M. Frisch, President/Chairman of the Board

[the president or other officer or an authorized agent of the corporation] [or a member or an authorized agent of the partnership] named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding Twenty Largest Unsecured Claims

[list or schedule or amendment or other document (describe)] and that it is true and correct to the best of my information and belief.

Date November 7, 2000

Signature

David M. Frisch

David Frisch
President/Chairman of the Board

(Print Name and Title)